

Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

2107	Cuozzo Services LLC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
7311 Grove Road, #X		Frederick	MD	21704-3300
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
Mailing Address (If different from street address)		Apt./Suite	City	State Zip
(301) 698-2650		(301) 695-6443	info@atouchofclasslimousines.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

1931865			
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Ms. Jennifer M. Cuozzo		President	
*Name		*Title	
(240) 409-5706		(301) 695-6443 info@atouchofclasslimousines.com	
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Incorp Services, Inc.			
Name of Registered Agent for Service of Process		Telephone	E-mail
1090 Vermont Avenue, N.W., #910		Washington	DC 20005-4593
Agent Address (must be inside Metropolitan District)		Apt./Suite	City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

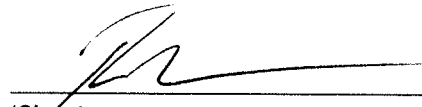
Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Bobby HENRIKSEN
*Name (type or print)

GENERAL MANAGER
*Title (not required for sole proprietors)


*Signature

1/13/14
*Date

Sheet1

NAME	YEAR MAKE/MODEL	VIN #	LICENSE PLATE #	STATE REG	SEATING CAPACITY
ALLSTAR	2012 2012 Ford E450 Bus	1FDFF4FS8CDA21733 ✓	083 63P	MD	25
KRYSTAL	2013 2013 Ford E450 Bus	1FDFF4FS0DDA02952 ✓	083 64P	MD	25
RAVEN	2004 2004 Ford Excursion	1FMNU41S14EA29769 ✓	088 65P	MD	24
T&A BUS	1995 1995 International	1HVBABPXSH668888 ✓	083 50P	MD	30
SHUTTLE	1999 1999 International	1HVBBAAN3XH698726 ✓	083 56P	MD	40
COACH	1997 1997 Bluebird Bus	1BAGKB7A4VF078461 ✓	083 60P	MD	45

